

## 2010 ELECTION CYCLE

**Judicial Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2010 Judicial Election**

Delbert Hosemann  
**SECRETARY OF STATE**

OCT 11 2010

Campaign Finance  
 Secretary of State

Name of Candidate

Aaron L. Russell, Jr.

Address

97 Joe Lumpkin Rd

County

Pearl River

DATE STAMP

Telephone Work

601-403-2332

Home

Fax

Contact Name

Email Address

Office Sought

Chancery Judge



Check here if above is different from previous report

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- X   October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 + \$ 0 = \$ 0	\$ 0	\$ 0
Total amount of disbursements	\$ 1,059. <sup>74</sup>	\$ 1,059. <sup>74</sup>	\$ 1,059. <sup>74</sup>
Total amount of cash on hand	\$	\$	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Aaron Russell Jr.

Date

October 10, 2010

Authority: Refer to Miss. Code Ann. 523-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1489 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Aaron Russell, Jr.

Page

of

Reporting period

through

## ITEMIZED DISBURSEMENTS

A. Full name	Bourne Brothers Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5276 Highway 42	___/___/___	\$
City, State, Zip Code	Hattiesburg, MS 39401	09/21/10	\$ 450.74
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 450.74
B. Full name	Run and Win, Com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 2096	___/___/___	\$
City, State, Zip Code	Aiken, SC 29802	10/11/10	\$ 609.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 609.00
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$